CLAIMS ONLY			Application Number *10-039454*	Filing Date *9-27-04*
			Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
①1	/						51						
2		/					52						
3		/			•		53						
4		/					54						
5		/					55						
~~6~~							56						
7		/					57						
8		/					58						
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10		/					60						
11		/					61						
12		/					62						
⑬13	/						63						
14							64						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						